



PTO/SB/17 (12-04) (F&amp;B 12/04)

<i>Effective on 12/08/2004</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)</i>		<b>Complete If Known</b>		
<b>Fee Transmittal</b> For FY 2005		Application Number	10/715,008	
		Filing Date	November 17, 2003	
		First Named Inventor	Steven James Ryan	
		Examiner Name	ALI, Shumaya B.	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3743	
TOTAL AMOUNT OF PAYMENT	(\$)	65.00	Attorney Docket No.	51895 - 280802

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 06-0029 Deposit Account Name: Faegre & Benson LLP  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	2
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

<u>Fee Description</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200 100
Multiple dependent claims	360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP =		x	=			
HP = highest number of total claims paid for, if greater than 20						

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =		x	=

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =		/ 50 =	(round up to a whole number) x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer filing fee

\$65.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 35,786	Telephone 612-766-7773
Name (Print/Type)	Karl G. Schwappach	Date April 25, 2005	

SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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